

**FILED**

**AUG 19 2004**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF TEXAS  
AUSTIN DIVISION**

CLERK, U.S. DISTRICT COURT  
WESTERN DISTRICT OF TEXAS  
BY 9x DEPUTY CLERK

**A04CA534 LY**

TWISTER CAIN, DICKIE GARRISON,  
DENNIS MOTES AND JIM BOOTH,

*Plaintiffs*

v.

TEXIA PRODUCTIONS, INC.,

*Defendant*

CIVIL ACTION NO. \_\_\_\_\_

COLLECTIVE ACTION

JURY TRIAL DEMANDED

**ORIGINAL COLLECTIVE ACTION COMPLAINT**

**I. SUMMARY**

1. Texia Productions, Inc. ("Texia") violated the Fair Labor Standards Act ("FLSA") by failing to pay Twister Cain, Dickie Garrison, Dennis Motes, Jim Booth (collectively, "the Wranglers") and other similarly situated plaintiffs (the "Members of the Class") overtime compensation. 29 U.S.C. § 207. In addition, Texia breached written employment contracts by failing to pay the Wranglers and the Members of the Class according to the agreements. Accordingly, the Wranglers bring this collective action to recover unpaid overtime wages owed to them as individuals and to the Members of the Class pursuant to the FLSA and Texas common law.

**II. JURISDICTION AND VENUE**

2. This Court has subject matter jurisdiction under 29 U.S.C. § 216(b), 28 U.S.C. § 1331, and 28 U.S.C. 1367(a).

3. The Wranglers' and the Members of the Class' claims arise under §§ 7(a)(1) and 16(b) of the FLSA and Texas common law. 29 U.S.C. §§ 207(a)(1) and 216(b). In connection with the acts and course of conduct alleged in this complaint, the Wranglers and the Members of the Class engaged in commerce or in the production of goods for commerce. Further, during the three (3)-year period preceding the filing of this Complaint (the "relevant time period"), Texia was an enterprise engaged in commerce or in the production of goods for commerce within the meaning of the FLSA.

4. Venue is proper in the Western District of Texas because a substantial part of the acts and conduct charged herein occurred in this district.

### **III. The Parties**

5. The Wranglers were employed by Texia in the production of the Walt Disney film, "The Alamo" (the "Film"). The Wranglers were non-exempt employees of Texia within the meaning of the FLSA during the relevant time period for workweeks of forty (40) hours or more. The Wranglers' written consents to this action are attached as Exhibit A. The Wranglers were not paid overtime compensation for hours worked in excess of forty (40) hours in a workweek.

6. The "Members of the Class" are other employees of Texia who were unlawfully denied overtime compensation for hours worked in excess of forty (40) hours in a workweek. These employees worked during approximately the same time period as the Wranglers, worked similar hours, and performed similar job duties. Their consents to this action are attached as Exhibit B.

7. Texia is a California corporation with its principal place of business located in Burbank, California. Texia is an enterprise engaged in commerce and acted, directly or indirectly, in the interest of an employer with respect to the Wranglers and the Members of the Class. Texia

may be served with process by serving its registered agent, Marsha L. Reed, at 500 South Buena Vista Street, Burbank, California 91521 or wherever she may be found.

#### **IV. FACTUAL BACKGROUND**

8. Texia is a movie production company that employed the Wranglers in the production of the Film. The Wranglers' duties included animal care, control and training. The Wranglers also drove wagons, repaired wagons, and trained others to drive wagons. In addition, the Wranglers' duties included horse-riding training for the actors and "outriding," which means to ride near animals used on the movie set for safety purposes.

9. During the relevant time period, the Wranglers regularly worked in excess of forty (40) hours in a given workweek. Texia, however, did not pay the Wranglers one-and-one-half times their regular hourly rates for hours worked in excess of forty (40) in a given workweek as required by the FLSA.

10. In addition, Texia entered into written employment contracts with the Wranglers that assume five (5)-day, sixty (60)-hour workweeks.

11. Texia's employment contracts guarantee overtime compensation at the rate of one-and-one-half times the applicable hourly rate after forty (40) hours or eight (8) hours per day, and two-times the applicable hourly rate after sixty (60) hours or twelve (12) worked hours in a five (5)-day workweek. Texia failed to compensate the Wranglers in accordance with their employment contracts.

## **V. THE WRANGLERS' DETAILED FACTUAL ALLEGATIONS**

### ***A. Background Facts***

12. The Wranglers' normal schedules called for them to work over forty (40) hours per week. The Wranglers are hard-working, dedicated workers who worked as wranglers in the Film.

13. The Wranglers were paid a constant daily rate, regardless of the actual number of hours worked. In addition, they were paid a "costume" stipend of \$75 per each day they were required to be in costume, \$50 per day that Texia used their truck and \$50 per day that Texia used their trailer. Texia also paid for usage of the Wranglers' livestock and mileage on their trucks.

### ***B. Texia Failed to Pay Overtime Compensation in Violation of the FLSA***

14. The Wranglers were full-time, non-exempt employees of Texia. As non-exempt employees, the Wranglers were entitled to be paid time and one-half their regular rates for all hours worked in excess of forty (40) in a workweek. 29 U.S.C. § 207(a).

15. The Wranglers were not compensated for all hours worked in excess of forty (40) hours at one-and-one-half times their regular rates. As an illustration, for a six (6)-day workweek of 80 hours paid at a rate of \$200 per day, a wrangler received \$1200 in wages. However, for this same workweek, the FLSA requires \$1500 of compensation. Accordingly, Texia's practice of failing to pay the Wranglers overtime compensation was a willful violation of the FLSA.

16. No exemption excused Texia from paying the Wranglers overtime rates for hours worked over forty (40) hours in a workweek. Nor has Texia made a good-faith effort to comply with the FLSA. Rather, Texia knowingly, wilfully, or with reckless disregard carried out its illegal pattern or practice regarding overtime compensation to the Wranglers and the Members of the Class.

**C. *Texia Breached Its Employment Contracts By Not Paying At Specified Contract Rates***

17. The Wranglers entered into written employment agreements with Texia that assumed sixty (60)-hour workweeks.

18. The Wranglers' employment agreements with Texia guarantee overtime pay at the rate of one-and-one-half times their hourly rates after forty (40) hours per week or eight (8) hours per day and two (2) times their hourly rates after sixty (60) hours per week, or twelve (12) worked hours in a five (5)-day workweek. A sample employment agreement is attached as Exhibit C.

**VI. COLLECTIVE ACTION ALLEGATIONS**

19. Other employees have been victimized by this pattern, practice, and policy which is in willful violation of the FLSA and their employment agreements. Many of these employees have worked with the Wranglers and have reported that they were paid the same or a similar set amount each week with no overtime for hours worked in excess of forty (40) hours in a workweek. Thus, from discussions with these employees, the Wranglers are aware that the illegal practices or policies of Texia have been imposed on the Members of the Class.

20. The Members of the Class performed job duties which were similar to those of the Wranglers. Moreover, these non-exempt employees regularly worked more than forty (40) hours per week without receiving overtime compensation. Accordingly, the employees victimized by Texia's unlawful practices are similarly situated to the Wranglers in terms of job duties.

21. Texia's failure to pay overtime compensation at the rates required by the FLSA and the employment agreements result from generally applicable policies or practices and do not depend on the personal circumstances of the Members of the Class. Thus, the Wranglers' experience is typical of the experience of the Members of the Class.

22. The specific job titles or precise job requirements of the various Members of the Class do not prevent collective treatment. All Members of the Class, regardless of their precise job requirements or rates of pay, are entitled to overtime compensation for hours worked in excess of forty (40) hours in a workweek. Although the issue of damages may be individual in character, there is no detracting from the common nucleus of liability facts. Accordingly, the class of similarly situated plaintiffs is properly defined as:

All current and former wranglers (and their equivalents) who were employed by Texia at any time during the three (3)-year period prior to the filing of this action.

#### **VII. CAUSES OF ACTION**

23. All allegations contained in paragraphs 1 through 22 are incorporated by reference

24. Texia's practice of failing to pay the Wranglers and the Members of the Class compensation at one-and-one-half times the appropriate regular rate for hours worked in excess of forty (40) hours was and is in willful violation of the FLSA. 29 U.S.C. § 207(a).

25. Texia's practice of failing to pay the Wranglers and the Members of the Class compensation at one-and-one-half times their hourly rates for hours worked in excess of forty (40) hours per week or eight (8) hours per day was in violation of Texia's employment agreement.

26. Texia's practice of failing to pay the Wranglers and the Members of the Class compensation at two-times their hourly rates for hours worked in excess of sixty (60) hours per week or twelve (12) worked hours in a five (5)-day workweek was in violation of Texia's employment agreement.

27. Accordingly, the Wranglers and all those similarly situated are entitled to all their unpaid wages.

28. Additionally, the Wranglers and the Members of the Class are entitled to an amount equal to all their unpaid overtime wages as liquidated damages, as well as reasonable attorneys' fees and costs of this action. 29 U.S.C. § 216 (b).

### **VIII. PRAYER**

WHEREFORE, the Wranglers request that Defendants be cited to appear and answer and that, upon final disposition, this Court award the Wranglers and the Members of the Class judgment against Defendants for:

- A. their unpaid overtime wages for all hours worked in excess of forty (40) hours at the rate of one-half times their appropriate regular rates;
- B. their unpaid overtime wages for all hours worked in excess of forty (40) hours or eight (8) hours per day at the rate of one-half times their appropriate hourly rates;
- C. their unpaid double-time wages for all hours worked in excess of sixty (60) hours or twelve (12) worked hours in a five (5)-day workweek at the rate of two-times their appropriate hourly rates;
- D. an amount equal to all their unpaid wages as liquidated damages;
- E. reasonable attorney's fees, costs, and expenses of this action as provided by the FLSA; and
- F. such other and further relief as may be required by law.

Respectfully submitted,

**BRUCKNER BURCH PLLC**

A handwritten signature in black ink, appearing to read "William H. Bruckner", written over a horizontal line.

William H. Bruckner  
Attorney-in-Charge for Plaintiffs  
State Bar No. 03240500  
5847 San Felipe, Suite 3900  
Houston, Texas 77057  
(713) 877-8788 – Telephone  
(713) 877-8065 – Facsimile

**OF COUNSEL:**

Richard J. Burch  
Bruckner Burch, PLLC  
State Bar No. 24001807

J. Derek Braziel  
Edwards & George, L.L.P.  
State Bar No. 00793380



NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

Twister Ronnie Cain

Full Legal Name (print)

1377 CR 259

Street Address

Apartment #

Gonzales TX 78629

City

State / Zip

[Signature]  
Signature

12/06/03  
Date



## NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

DICKIE ALVIN GARRISON

Full Legal Name (print)

299 Bay Rd

Street Address

Apartment #

Red Rock TX 78662

City

State / Zip

Dickie Alvin Garrison

Signature

12-20-03

Date

## NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

Dennis MOTES  
 Full Legal Name (print)

388 CR 235  
 Street Address

Hico, Texas 76457  
 City Apartment #

Dennis Motes  
 Signature

12-14-03  
 Date

NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

Jim H. Booth  
Full Legal Name (print)

5210 BRYAN RD  
Street Address

77469  
Apartment #

RICHMOND TX  
City

77469  
State / Zip

Jim H. Booth  
Signature

10 DECEMBER 2003  
Date

## NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

Don Robin Baldwin  
Full Legal Name (print)

480 N State  
Street Address

Vail Ar 85641  
City State / Zip

Don Robin Baldwin  
Signature

12-12-03  
Date



NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

ROBERT LISKOW BLANDFORD JR.

Full Legal Name (print)

P.O. Box 136

Street Address

Apartment #

SUTHERLAND SPRINGS TX 78161

City

State / Zip

Signature

Date

1-24-04

NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

William Paul Brown  
Full Legal Name (print)  
145 South Glen Oaks Blvd #165  
Street Address Apartment #  
Burbank California 91502  
City State / Zip  
William P. Brown  
Signature  
December 7, 2003  
Date

### NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

Newell Craig Porter  
Full Legal Name (print)

P.O. Box 94  
Street Address

Marathon Texas 79842  
City State / Zip

Craig Porter  
Signature

12-15-03  
Date



## NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

Clotus Evan Cotton  
Full Legal Name (print)

11990 S Sierrita Mt Rd  
Street Address Apartment #

Tucson AZ 85736  
City State / Zip

  
Signature

Dec 19 - 03  
Date

### NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

Fred Houston Davis  
Full Legal Name (print)

4156 Davis Ranch Rd P.O. Box 62  
Street Address Apartment #

Tombstone Az 85638  
City State / Zip

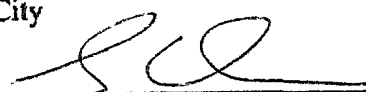
Fred H Davis  
Signature

Dec 10, 2003  
Date

NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

Loyd Gilbert Dean III  
Full Legal Name (print)  
117 Glass Ln.  
Street Address Apartment #  
Bastrop TX 78602  
City State / Zip  
  
Signature  
3-15-04  
Date

NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

Billy L. FRANK  
Full Legal Name (print)

205 N. MAIN  
Street Address Apartment #

MILFORD TX 26670  
City State / Zip

Billy L. Frank  
Signature

12-10-03  
Date

NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

James Dowell Garrison

Full Legal Name (print)

P.O. Box 65

Street Address

Apartment #

Smithville Tx, 78957

City

State / Zip

James Dowell Garrison

Signature

12-19-03

Date

NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

Allan Crawford Gorbett  
Full Legal Name (print)  
1450 Bettis Rd  
Street Address Apartment #  
Merkel Texas 79536  
City State / Zip  
Ace Gorbett  
Signature  
12-16-03  
Date

## NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs. CH

*George*  
*George Cody Haynes*  
 Full Legal Name (print)

*1685 North Hwy 281*  
 Street Address Apartment #

*Johnson City, Tx 78631*  
 City State / Zip

*Cody Haynes*  
 Signature

*12/17/03*  
 Date

\* new  
 address →  
 \*

## NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

Monty Jeff Heath

Full Legal Name (print)

10800 Whitehouse Rd

Street Address

Apartment #

Guthrie OK 73044

City

State / Zip

MJH

Signature

1-17-04

Date



NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

Jimmy Lee Hodge  
Full Legal Name (print)

PO Box 950  
Street Address Apartment #

Johnson city Texas 78636  
City State / Zip

[Signature]  
Signature

12-12-03  
Date

NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

Donald Robert Humphrey  
Full Legal Name (print)

424 W. Johnson Dr.  
Street Address Apartment #

Kanab Ut 84741  
City State / Zip

Donald R Humphrey  
Signature

12-15-03  
Date

NOTICE OF CONSENT


I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

JOE DOUGLAS JIMESON  
Full Legal Name (print)

9925 RICHLAND ST.  
Street Address Apartment #

FORT WORTH, TEXAS 76116.  
City State / Zip

  
Signature

12-6-03  
Date

NOTICE OF CONSENT

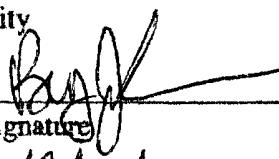
I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

Bryan Keith Johnson  
Full Legal Name (print)

~~6825~~ 4515 Heckerville Rd  
Street Address

Cibola TX ~~76108~~ 78108  
City State / Zip

  
Signature

12/5/03  
Date

## NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

John S. Mattsberger  
Full Legal Name (print)

206 Platten Creek Rd.  
Street Address

Sisterdale Tx 78006  
City State / Zip

John Mattsberger  
Signature

12-17-03  
Date

## NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

Brandon Wayne Moore  
Full Legal Name (print)

4515 Haeckerville Rd.  
Street Address

Cibola TX 78108  
City State / Zip

B. W. Moore  
Signature

12-18-03  
Date

NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

MICHAEL BERLIN PRITCHARD  
Full Legal Name (print)

351 CR 3273

Street Address

Apartment #

Quittman TEXAS 75783

City

State / Zip

Michael Berlin Pritchard  
Signature

12-7-03

Date

NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

THOMAS BAILEY SAUNDERS V

Full Legal Name (print)

4414 OLD DENNIS ROAD

Street Address

Apartment #

WEATHERFORD, TEXAS 76087

City

State / Zip

Thomas Bailey Saunders V

Signature

December 11 2003

Date



**NOTICE OF CONSENT**

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

MARVIN FRANK SCHROEDER, JR.

Full Legal Name (print)

211 East Orchard Street

Street Address

Apartment #

Fredericksburg

TX 78624

City

State / Zip



Signature

12-8-03

Date

NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

Arthur Lynn Ussery  
Full Legal Name (print)

1827 RB 1323  
Street Address Apartment #

Johnson City, Tex 78636  
City State / Zip

A. L. Ussery  
Signature

12/8/03  
Date

## NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

Ricky Don Wilson  
Full Legal Name (print)

433 Brack Spur Rd  
Street Address Apartment #

Millsap TX 76066  
City State / Zip

Ricky D. Wilson  
Signature

12/9/03  
Date

EMAIL RICKDWILSON 2001 @ YAHOO.COM

NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

HOLLY WOLVERTON  
Full Legal Name (print)  
424 W. Johnson Dr.  
Street Address Apartment #  
Kanab ut 84741  
City State / Zip  
Holly Wolverton  
Signature  
12-15-03  
Date

NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

IVAN WAYNE WOLVERTON  
Full Legal Name (print)

11990 S SIEBRITA MT RD  
Street Address Apartment #

TUCSON AZ 85738  
City State / Zip

Ivan Wayne Wolverton  
Signature

12-7-03  
Date

### NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

WENDY WOLVERTON  
Full Legal Name (print)

P.O. BOX 12052  
Street Address Apartment #

MARINA DEL REY, CA 90295  
City State / Zip

Wendy Wolverton  
Signature

12/06/03  
Date

NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

Jett C Wynn

Full Legal Name (print)

471 Smith RD

Street Address

Apartment #

Bastrop TX 78602

City

State / Zip

Jett C Wynn

Signature

12-6-03

Date

NOTICE OF CONSENT

I, the undersigned, hereby give my consent to be a plaintiff in an action to recover any unpaid wages and/or overtime wages owed to me. I designate Jim H. Booth as my agent to make decisions on my behalf concerning this case, including the manner in which the case is conducted, entering into settlement agreements, entering into agreements regarding attorneys' fees and costs, and all other matters related to this lawsuit. I understand these decisions are binding on me.

I understand the plaintiffs are being represented under a Contingency Fee Agreement by the law firm of Bruckner Burch PLLC which applies to all plaintiffs who join this lawsuit, including me. I know that I can obtain a copy of the Contingency Fee Agreement by requesting it from Bruckner Burch PLLC, 5847 San Felipe, Suite 3900, Houston, TX 77057. I understand that under the terms of the Contingency Fee Agreement, Bruckner Burch PLLC is only paid attorney's fees or costs if there is a recovery. I understand that if no recovery is obtained, I will not be held responsible for such attorney's fees or costs.

PAUL JOSEPH ZANARDI  
Full Legal Name (print)

835 CR 422  
Street Address Apartment #

STEPHENVILLE TX 76401  
City State / Zip

Paul J. Zanardi  
Signature

12-16-03  
Date



**TEXIA PRODUCTIONS, INC.**  
**Non-Union Deal Memo**

PICTURE: "ALAMO" PRODUCTION #: 2T08  
 EMPLOYEE NAME: Jim H. Booth  
 SCREEN CREDIT (if granted): \_\_\_\_\_  
 ADDRESS: 5210 Bryan Rd  
 CITY/ZIP: Richardson TX 77469  
 HOME PHONE: 281 232 5529 WORK: \_\_\_\_\_  
 CELL: 713 553 4877 PAGER: 713 762 7423  
 STUDIO RATE: \$ 12,3711 Hourly \$ 1200 Weekly

START DATE: 1-16-03  
 DEPARTMENT: Wrangler  
 POSITION: Wrangler / day player  
 SOCIAL SECURITY #: \_\_\_\_\_  
 ACCT #: 41601 10 OCCU. CODE: \_\_\_\_\_  
 CAR RENTAL: \_\_\_\_\_ CAR ALLOWANCE: \$ \_\_\_\_\_ Week / Day  
 OTHER PROVISIONS: \_\_\_\_\_  
 IDLE ON LOCATION \$ \_\_\_\_\_ TRAVEL \$ \_\_\_\_\_

LOCATION RATE: \$ \_\_\_\_\_ Hourly \$ \_\_\_\_\_ Weekly

6<sup>th</sup> DAY RATE: \$ \_\_\_\_\_ 7<sup>th</sup> DAY RATE: \$ \_\_\_\_\_

1. In compliance with Federal and State law, all non-union, non-exempt production staff are hired on a five (5) day sixty (60) hour anticipated (not guaranteed) work week. Overtime is paid at one and one-half times (1 1/2x) the hourly rate after forty (40) or eight (8) hours per day; and two times (2x) the hourly rate after sixty (60) hours or twelve (12) worked hours in a five (5) day workweek. Sixth (6<sup>th</sup>) and seventh (7<sup>th</sup>) days worked in an employee's work week are paid applicable statutory Overtime rates. If a daily Rate is indicated, services are for a minimum period of one day. If a weekly Rate is indicated, services are for a minimum period of one week. All idle and travel only days shall be paid at the specified rate above. There is no other guarantee of the period of services. Non-consecutive weekly rates may be prorated to daily on partial weeks worked.
2. All purchases, rentals or orders made by an Employee must be accompanied by a pre-approved purchase order and/or check request; otherwise the purchase, rental and/or order is unauthorized.
3. Petty Cash expenses not accompanied by original receipts will not be reimbursed.
4. Employee is responsible for all recoverable items purchased or manufactured. These items must be collected and reconciled with accounting during wrap.
5. No sixth (6<sup>th</sup>) day, seventh (7<sup>th</sup>) day, or holiday worked will be paid unless authorized IN ADVANCE by the Unit Production Manager. No overtime prior to company call or after wrap will be paid without UPM's PRIOR APPROVAL. No forced calls without UPM'S PRIOR APPROVAL.
6. Time cards must reflect hours worked, not guaranteed. Time cards must be turned in on Fridays (Saturday if worked).
7. No reimbursement of calls made from personal cellular phones without prior approval of UPM.
8. Employee hereby expressly authorizes the company to deduct unsettled hotel incidentals incurred by Employee from the Employee's paycheck.
9. The company will provide transportation to and from distant locations. Employee is not to drive to distant location. Any unauthorized travel to distant location is at Employee's risk, liability and expense.
10. Screen credit is at sole discretion of Texia Productions, Inc.
11. No production tie-ins or product placement are to be made without written permission from Texia Productions, Inc. The results and proceeds of Employee's services on the Picture (1) shall be deemed a work made for hire specifically ordered or commissioned by Texia Productions, Inc. who shall exclusively own all rights thereto in perpetuity; (2) will be original to Employee and not copied or based upon any other work; and (3) will not violate or infringe upon the trademark, trade name, copyright or any other rights of third parties.
12. Employee acknowledges that this picture may be the subject of "behind the scenes" photography (e.g. motion picture, still or video device photography) which Photography may be used by Texia Productions, Inc. in connection with the distribution, advertising, publicity, promotion and/or other exploitation of the picture (including without limitation in any merchandising, promotional and/or publishing endeavors) and hereby consents to such photography and to such usage.
13. Employee understands that there is an injury and illness Prevention Program in place on all Texia Productions, Inc. shows and hereby confirms that he/she has received the Safety Guidelines for Production. Employee must obtain a preliminary training session from his/her supervisor prior to commencement of work on Picture.
14. Mileage is payable at .30 cents per mile and covers all reasonable operating costs of personal vehicle (including damages and loss) incurred by Employee on the job. If an Employee is receiving either a car rental or auto allowance, they will be reimbursed for business related gasoline receipts. If an Employee is receiving an automobile allowance, said compensation will cover all operating cost of said vehicle, including insurance and general maintenance.
15. In accordance with the Immigration Reform and Control Act of 1986, any offer of employment contained herein is conditioned upon satisfactory proof of applicant's identity and United States employment eligibility. Applicant must present required documentation within 3 days of acceptance of this offer. Failure to comply will result in termination of employment.
16. This Agreement contains the full and complete understanding between the parties and supersedes all prior agreements and understandings pertaining hereto and cannot be modified except by a writing signed by each party. Employee's sole and exclusive remedy for Texia Productions, Inc.'s breach, termination, or cancellation of this Agreement or any term hereof (including any term pertaining to credit) shall be an action at law for damages and Employee irrevocably waive any right to seek and/or obtain equitable or injunctive relief.
17. This deal memo is effective only upon signature of the Texia Productions, Inc. Production Executive.

Employee Signature: Jim H. Booth

Date: 1-16-03

Unit Production Manager: [Signature]

Texia Productions, Inc. Production Executive: OK

Employee acknowledges by initialing the lines below the receipt of the following attached policy documents and agrees to read and abide by them

✓ Code of Conduct

✓ Policies and Procedures

✓ Safety Bulletin

